Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
> Do not enter social security numbers on this form as it may be made public.
> Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , 2017, and ending

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name and address of principal officer:
United Way of Monroe County, Inc.
441 S. College Avenue
Bloomington, IN 47401

D Employer identification number (EIN): 35-0985959

E Telephone number: 812-334-8370

G Gross receipts $ 1,504,639.

H(0) Is this a group return for subordinates? Yes X No

H(6) Are all subordinates included? Yes X No

J Website: http://www.monroeway.org/

K Form of organization:
- Corporation X
- Trust
- Association
- Other

L Year of formation: 1956
M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies. See Schedule O.

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of independent voting members of the governing body (Part VI, line 1a).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 34.

8 Contributions and grants (Part VIII, line 1d).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c).

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).

16a Professional fundraising fees (Part IX, column (A), line 11).

b Total fundraising expenses (Part IX, column (B), line 25).

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

19 Revenue less expenses. Subtract line 18 from line 12.

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 26).

22 Net assets or fund balances. Subtract line 21 from line 20.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type or print name and title

Paid Preparer Use Only

Preparer's name: Duane L. Vaught
Preparer's signature: [Signature]
Preparer's EIN: 01208070
Paid by self-employed
Self-employed

Phone number: 812-935-7852

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

BAA For Paperwork Reduction Act Notice, see the separate instructions.
Part III  
Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies. See Schedule O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ______ ) (Expenses $ 1,062,227, including grants of $______ ) (Revenue $______ )

United Way of Monroe County works with member agencies and a network of other community partners to provide comprehensive and collaborative solutions that help local residents improve their lives. The organization focuses on the building blocks of a better life, Education, Earnings & Essentials - to create and support solutions to the most pressing issues in our community. Priorities and results are contained in Schedule O.

4b (Code: ______ ) (Expenses $______ , including grants of $______ ) (Revenue $______ )

4c (Code: ______ ) (Expenses $______ , including grants of $______ ) (Revenue $______ )

4d Other program services (Describe in Schedule O.)

(Expenses $______ , including grants of $______ ) (Revenue $______ )

4e Total program service expenses $ 1,062,227.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
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<tr>
<td>2</td>
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<td>X</td>
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<td>11a</td>
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<td>11c</td>
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<td>11d</td>
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<td>11f</td>
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<td>12a</td>
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<td>12b</td>
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<td>14b</td>
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<td>18</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If ‘Yes,’ complete Schedule H.

b If ‘Yes’ to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If ‘Yes,’ complete Schedule I, Parts I and II.

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If ‘Yes,’ complete Schedule I, Parts I and III.

23 Did the organization answer ‘Yes’ to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If ‘Yes,’ complete Schedule J.

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If ‘Yes,’ answer lines 24b through 24d and complete Schedule K. If ‘No’, go to line 24a.

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an ‘on behalf of’ issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) Organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If ‘Yes,’ complete Schedule L, Part I.

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I.

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If ‘Yes,’ complete Schedule L, Part II.

27 Did the organization: provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If ‘Yes,’ complete Schedule L, Part III.

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If ‘Yes,’ complete Schedule L, Part IV.

b A family member of a current or former officer, director, trustee, or key employee? If ‘Yes,’ complete Schedule L, Part IV.

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If ‘Yes,’ complete Schedule L, Part IV.

29 Did the organization receive more than $25,000 in non-cash contributions? If ‘Yes,’ complete Schedule M.

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ‘Yes,’ complete Schedule M.

31 Did the organization liquidate, terminate, or dissolve and cease operations? If ‘Yes,’ complete Schedule N, Part I.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If ‘Yes,’ complete Schedule N, Part II.

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If ‘Yes,’ complete Schedule R, Part I.

34 Was the organization related to any tax-exempt or taxable entity? If ‘Yes,’ complete Schedule R, Part II, III, or IV, and Part V, line 1.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If ‘Yes’ to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ‘Yes,’ complete Schedule R, Part V, line 2.

36 Section 501(c)(3) Organizations. Did the organization make any transfers to an exempt non-charitable related organization? If ‘Yes,’ complete Schedule R, Part V, line 2.

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If ‘Yes,’ complete Schedule R, Part VI.

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O.
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>2a</td>
<td>8</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Note.</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' enter the name of the foreign country. *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If 'Yes,' indicate the number of Forms 8282 filed during the year.</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8318-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand.</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.</td>
<td>14b</td>
<td></td>
</tr>
</tbody>
</table>
**Part VI  Governance, Management, and Disclosure**

For each ‘Yes’ response to lines 2 through 7b below, and for a ‘No’ response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

b Enter the number of voting members included in line 1a, above, who are independent.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>11</td>
</tr>
</tbody>
</table>

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, to key employees of a management company or other person?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
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</tbody>
</table>

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

6 Did the organization have members or stockholders?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>X</td>
</tr>
</tbody>
</table>

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>X</td>
</tr>
</tbody>
</table>

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7b</td>
<td>X</td>
</tr>
</tbody>
</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
   a The governing body?  
   b Each committee with authority to act on behalf of the governing body?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>X</td>
</tr>
</tbody>
</table>

b If yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>10b</td>
<td>X</td>
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</tbody>
</table>

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>X</td>
</tr>
</tbody>
</table>

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td>X</td>
</tr>
</tbody>
</table>

12a Did the organization have a written conflict of interest policy? If No, go to line 13.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td>X</td>
</tr>
</tbody>
</table>

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td>X</td>
</tr>
</tbody>
</table>

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this was done.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12c</td>
<td>X</td>
</tr>
</tbody>
</table>

13 Did the organization have a written whistleblower policy?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>X</td>
</tr>
</tbody>
</table>

14 Did the organization have a written document retention and destruction policy?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>X</td>
</tr>
</tbody>
</table>

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
   a The organization’s CEO, Executive Director, or top management official.  
   b Other officers or key employees of the organization.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>15b</td>
<td>X</td>
</tr>
</tbody>
</table>

If yes to line 15a or 15b, describe the process in Schedule O (see instructions).  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15c</td>
<td>X</td>
</tr>
</tbody>
</table>

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a</td>
<td>X</td>
</tr>
</tbody>
</table>

b If yes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16b</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>IN</td>
</tr>
</tbody>
</table>

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
   a Own website  
   b Another’s website  
   c Upon request  
   d Other (explain in Schedule O)  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>X</td>
</tr>
</tbody>
</table>

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>X</td>
</tr>
</tbody>
</table>

20 State the name, address, and telephone number of the person who possesses the organization’s books and records:  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>X</td>
</tr>
</tbody>
</table>

---

Form 990 (2017) United Way of Monroe County, Inc. 35-0985959 Page 6

BAA  TEEA0106L 09/09/17 Form 990 (2017)
# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter '0' in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average Hours per Week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-3/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amanda Nickey</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Past President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Heidi Schulz</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. David Johnson</td>
<td>2</td>
<td>President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Jerry Sutherland</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Kate Gagnon</td>
<td>2</td>
<td>President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Adam Watson</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Patt McCafferty</td>
<td>2</td>
<td>Vice President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Megan Holtsclaw</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Kyle Parker</td>
<td>2</td>
<td>Treasurer</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Megan Siehl</td>
<td>2</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Barry D. Lessow</td>
<td>50</td>
<td>Executive Director</td>
<td>63,188</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13. Efrat Feferman</td>
<td>50</td>
<td>Director</td>
<td>21,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (not any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td></td>
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<tr>
<td>(17)</td>
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<tr>
<td>(18)</td>
<td></td>
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</tr>
<tr>
<td>(19)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>(20)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(22)</td>
<td></td>
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<tr>
<td>(23)</td>
<td></td>
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<td></td>
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<tr>
<td>(24)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 b Sub-total: 84,188. 0. 0.

c Total from continuation sheets to Part VII, Section A: 0.
d Total (add lines 1b and 1c): 84,188. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 0.

<table>
<thead>
<tr>
<th>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes,' complete Schedule J for such individual.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or Individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0.
# Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>17,359.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1,481,247.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td>1,498,606.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Designations-admin fee</td>
<td>5,816.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a-2f</td>
<td>5,816.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest and other similar amounts) | 217. |
| Royalties                                                              | 217. |

| 6a Gross rents                                                      | (i) Real | (i) Personal |
| 6b Less: rental expenses                                           |         |             |
| 6c Rental income or (loss)                                          |         |             |
| 6d Net rental income or (loss)                                      |         |             |

| 7a Gross amount from sales of assets other than inventory          | (i) Securities | (i) Other |
| 7b Less: cost or other basis and sales expenses                   |               |           |
| 7c Gain or (loss)                                                  |               |           |
| 7d Net gain or (loss)                                              |               |           |

| 8a Gross income from fundraising events                           |               |           |
| (not including, $ of contributions reported on line 1c).          |               |           |
| See Part IV, line 18                                              |               |           |
| 8b Less: direct expenses                                          |               |           |
| 8c Net income or (loss) from fundraising events                   |               |           |

| 9a Gross income from gaming activities.                            |               |           |
| See Part IV, line 19                                              |               |           |
| 9b Less: direct expenses                                          |               |           |
| 9c Net income or (loss) from gaming activities                    |               |           |

| 10a Gross sales of inventory, less returns and allowances         |               |           |
| 10b Less: cost of goods sold                                      |               |           |
| 10c Net income or (loss) from sales of inventory                 |               |           |

| Miscellaneous Revenue Business Code                               |               |           |
| 11a Miscellaneous                                                 |               |           |
| 11b                                                                   |               |           |
| 11c                                                                   |               |           |
| 11d All other revenue                                              |               |           |
| 11e Total. Add lines 11a-11d                                       |               |           |
| 12 Total revenue. See instructions.                               | 1,504,639.   | 5,816.    | 0.       | 217.   |
### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td>646,488.</td>
<td>646,488.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td>84,188.</td>
<td>54,722.</td>
<td>16,838.</td>
<td>12,628.</td>
</tr>
<tr>
<td>3 Benefits paid to or for members</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4 Compensation of current officers, directors, trustees, and key employees</td>
<td>284,086.</td>
<td>175,416.</td>
<td>38,275.</td>
<td>70,395.</td>
</tr>
<tr>
<td>5 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).</td>
<td>28,209.</td>
<td>17,628.</td>
<td>4,222.</td>
<td>6,359.</td>
</tr>
<tr>
<td>6 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>80,673.</td>
<td>50,414.</td>
<td>12,072.</td>
<td>18,187.</td>
</tr>
<tr>
<td>7 Other employee benefits</td>
<td>26,726.</td>
<td>16,701.</td>
<td>4,000.</td>
<td>6,025.</td>
</tr>
<tr>
<td>8 Payroll taxes</td>
<td>2,050.</td>
<td>1,295.</td>
<td>21,755.</td>
<td></td>
</tr>
<tr>
<td>9 Fees for services (non-employees):</td>
<td>100.</td>
<td>100.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>23,050.</td>
<td>1,295.</td>
<td>21,755.</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>8,967.</td>
<td>8,967.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>41,802.</td>
<td>31,352.</td>
<td>6,270.</td>
<td>4,180.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>1,352.</td>
<td>676.</td>
<td>676.</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td>1,921.</td>
<td>1,441.</td>
<td>288.</td>
<td>192.</td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>12,772.</td>
<td>12,772.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>6,037.</td>
<td>4,294.</td>
<td>905.</td>
<td>838.</td>
</tr>
<tr>
<td>a Supplies</td>
<td>41,905.</td>
<td>25,143.</td>
<td>8,381.</td>
<td>8,381.</td>
</tr>
<tr>
<td>b Campaign Costs</td>
<td>26,351.</td>
<td>1,001.</td>
<td>25,350.</td>
<td></td>
</tr>
<tr>
<td>c Miscellaneous</td>
<td>13,781.</td>
<td>8,275.</td>
<td>5,506.</td>
<td></td>
</tr>
<tr>
<td>d Telephone</td>
<td>3,592.</td>
<td>3,694.</td>
<td>539.</td>
<td>359.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>7,857.</td>
<td>3,265.</td>
<td>3,642.</td>
<td>950.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e.</td>
<td>1,352,284.</td>
<td>1,062,227.</td>
<td>134,309.</td>
<td>155,748.</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720).
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash — non-interest-bearing</td>
<td>364,913.1</td>
<td>490,563.1</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>117,022.2</td>
<td>268,290.2</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>811,708.3</td>
<td>687,288.3</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>4,155.9</td>
<td>484.9</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
<td>29,432.1</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>10b</td>
<td>23,859.1</td>
</tr>
<tr>
<td>11 Investments — publicly traded securities</td>
<td>11</td>
<td>10,565.1</td>
</tr>
<tr>
<td>12 Investments — other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Investments — program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,304,240.16</td>
<td>1,462,763.16</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>13,220.17</td>
<td>41,053.17</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>13,984.21</td>
<td>11,645.21</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>5,648.23</td>
<td>4,820.23</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>249,248.25</td>
<td>220,572.25</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>282,100.26</td>
<td>278,090.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
</table>

Organizations that follow SFAS 117 (ASC 958), check here \( \checkmark \) and complete lines 27 through 29, and lines 33 and 34.

27 Unrestricted net assets | 149,796.27 | 329,536.27 |

28 Temporarily restricted net assets | 872,344.28 | 855,137.28 |

29 Permanently restricted net assets | 29 | |

Organizations that do not follow SFAS 117 (ASC 958), check here \( \square \) and complete lines 30 through 34.

30 Capital stock or trust principal, or current funds | 30 | |

31 Paid-in or capital surplus, or land, building, or equipment fund | 31 | |

32 Retained earnings, endowment, accumulated income, or other funds | 32 | |

33 Total net assets or fund balances | 1,022,140.33 | 1,184,673.33 |

34 Total liabilities and net assets/fund balances | 1,304,240.34 | 1,462,763.34 |
**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O). See Schedule O</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

> Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

---

**Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

---

10. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)


12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a.** Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

**b.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

**c.** Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

**d.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an effectiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

**e.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f.** Enter the number of supported organizations

---

Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization described in lines 1-10 above (see instructions)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Total**
**Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'</td>
<td>1,571,617</td>
<td>1,430,222</td>
<td>1,374,965</td>
<td>1,355,116</td>
<td>1,498,606</td>
<td>7,230,526</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>1,571,617</td>
<td>1,430,222</td>
<td>1,374,965</td>
<td>1,355,116</td>
<td>1,498,606</td>
<td>7,230,526</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12,008</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,218,518</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1,571,617</td>
<td>1,430,222</td>
<td>1,374,965</td>
<td>1,355,116</td>
<td>1,498,606</td>
<td>7,230,526</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td>268</td>
<td>229</td>
<td>171</td>
<td>137</td>
<td>217</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). <a href="#">See Part VI</a></td>
<td>13,867</td>
<td>7,839</td>
<td>7,442</td>
<td>5,945</td>
<td>5,816</td>
<td>40,909</td>
</tr>
<tr>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,272,457</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| (a) Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.26 % |
| (b) Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 98.91 % |
| (c) 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | |
| (d) 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | |
| (e) 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | |
| (f) 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | |
| (g) Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> Add lines 1 through 5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7a</strong> Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Add lines 7a and 7b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8 Public support. (Subtract line 7c from line 6.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td><strong>9</strong> Amounts from line 6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10a</strong> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Add lines 10a and 10b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12</strong> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14 First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 Public support percentage for 2017</strong> (line 8, column (f) divided by line 13, column (f)).</td>
<td>15 %</td>
</tr>
<tr>
<td><strong>16 Public support percentage from 2016 Schedule A, Part III, line 15.</strong></td>
<td>16 %</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17 Investment income percentage for 2017</strong> (line 10c, column (f) divided by line 13, column (f)).</td>
<td>17 %</td>
</tr>
<tr>
<td><strong>18 Investment income percentage from 2016 Schedule A, Part III, line 17.</strong></td>
<td>18 %</td>
</tr>
<tr>
<td><strong>b 33-1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</strong></td>
<td></td>
</tr>
</tbody>
</table>

BAA 08/10/17
## Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's governing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the governing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's governing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>11</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

1. **Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?**
   - Yes
   - No

2. **Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?**
   - Yes
   - No

### Section C. Type II Supporting Organizations

1. **Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)?**
   - Yes
   - No

### Section D. All Type III Supporting Organizations

1. **Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?**
   - Yes
   - No

2. **Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?**
   - Yes
   - No

3. **By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year?**
   - Yes
   - No

### Section E. Type III Functionally Integrated Supporting Organizations

1. **Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions).**
   - The organization satisfied the Activities Test. Complete line 2 below.
   - The organization is the parent of each of its supported organizations. Complete line 3 below.
   - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. **Activities Test. Answer (a) and (b) below.**
   - Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If ‘Yes,’ then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   - Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If ‘Yes,’ explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. **Parent of Supported Organizations. Answer (a) and (b) below.**
   - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If ‘Yes,’ describe in Part VI the role played by the organization in this regard.
## Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A – Adjusted Net Income

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B – Minimum Asset Amount

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C – Distributable Amount

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**BAA**
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2017</th>
<th>Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause described — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA
### Part VI Supplemental Information

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5c, 6, 7e, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Part II, Line 10 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td>$100.</td>
<td></td>
<td>$30.</td>
</tr>
<tr>
<td>Administrative fee</td>
<td>$5,816.</td>
<td>$5,845.</td>
<td>$7,442.</td>
<td>$7,839.</td>
<td>$10,403.</td>
</tr>
<tr>
<td>CFC Campaign fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,434.</td>
</tr>
<tr>
<td>Total</td>
<td>$5,816.</td>
<td>$5,945.</td>
<td>$7,442.</td>
<td>$7,839.</td>
<td>$13,857.</td>
</tr>
</tbody>
</table>


### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [ ] Yes [ ] No

6. Did the organization inform all grantee donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

### Part II: Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).

   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1. If the organization elected, as permitted under SFAS 116 (ASC 958), to not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

   - [ ] Revenue included on Form 990, Part VIII, line 1 $
   - [ ] Assets included on Form 990, Part X $

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   - [ ] Revenue included on Form 990, Part VIII, line 1 $
   - [ ] Assets included on Form 990, Part X $
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
d - [ ] Loan or exchange programs
e - [ ] Other
c - [ ] Preservation for future generations

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

- [ ] Yes
- [ ] No

### Part IV Escrow and Custodial Arrangements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

- [ ] Yes
- [ ] No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>1c</th>
<th>1d</th>
<th>1e</th>
<th>1f</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

c Beginning balance.
d Additions during the year.
e Distributions during the year.
f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- [ ] Yes
- [ ] No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

### Part V Endowment Funds.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

1a Beginning of year balance.
b Contributions.
c Net investment earnings, gains, and losses.
d Grants or scholarships.
e Other expenditures for facilities and programs.
f Administrative expenses.
g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- [ ] Board designated or quasi-endowment
- [ ] Permanent endowment
- [ ] Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- [ ] (i) unrelated organizations
- [ ] (ii) related organizations

b If 'Yes' on line 3a(i), are the related organizations listed as required on Schedule R?

- [ ] Yes
- [ ] No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td>403.</td>
<td>403.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>29,029.</td>
<td>23,456.</td>
<td>5,573.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

<table>
<thead>
<tr>
<th>BAA</th>
</tr>
</thead>
</table>

Schedule D (Form 990) 2017
### Part VII Investments — Other Securities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)

### Part VIII Investments — Program Related

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)

### Part IX Other Assets

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)

### Part X Other Liabilities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Designations Payable</td>
<td>220,572.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. See Part XIII. [X]

BAA

Schedule D (Form 990) 2017
**Part XI**  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1,430,286.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3,122,966.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>201,320.</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 12.)</em></td>
<td>1,504,639.</td>
</tr>
</tbody>
</table>

**Part XII**  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1,267,858.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,066,538.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>285,746.</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 18.)</em></td>
<td>1,352,284.</td>
</tr>
</tbody>
</table>

**Part XIII**  Supplemental Information. 

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part IV, Line 2b - Explanation Of Escrow Account Liability**

Escrow liability reported on balance sheet represents funds held by organization for and under direction of other organizations. Funds are not segregated form organization funds.

**Part X - FIN 48 Footnote**

The agency files Federal and Indiana income tax returns as an exempt organization under section 501(c)(3) of the Internal Revenue Code and does not report any unrelated business income or other income taxes. The agency is not considered to be...
Part X - FIN 48 Footnote (continued)

a private foundation.

The agency's Federal and Indiana income tax returns for 2014 and later are subject to examination by the IRS and state of Indiana, generally for three years after they were filed. The agency recognizes tax benefits only to the extent the agency believes it is "more likely than not" that its tax positions would be sustained upon examination. There were no tax positions considered less than 50% likely of sustainability.

There were no income tax penalties or interest incurred in 2017 or 2016.

Schedule D, Part XI, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated contributions</td>
<td>$275,568</td>
</tr>
<tr>
<td>Loss on disposition of equipment</td>
<td>$105</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$275,673</strong></td>
</tr>
</tbody>
</table>

Schedule D, Part XII, Line 4b
Other Expenses Included On Form 990 But Not Included In F/S

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated contributions paid</td>
<td>$285,746</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$285,746</strong></td>
</tr>
</tbody>
</table>
**Part I | General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [ ] Yes [ ] No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. [ ] Yes [ ] No

**Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC section (if applicable)</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>35-0872348</td>
<td>11,647.</td>
<td>0.</td>
<td>General &amp; disaster &amp; emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amethyst House</td>
<td>35-1499772</td>
<td>15,868.</td>
<td>0.</td>
<td>General &amp; addiction services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area 10 Agency on Aging</td>
<td>31-0955307</td>
<td>32,807.</td>
<td>0.</td>
<td>General &amp; elderly services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Brothers Big Sisters of M</td>
<td>35-1330448</td>
<td>31,101.</td>
<td>0.</td>
<td>General &amp; youth services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls Club of Bloomington</td>
<td>35-0997525</td>
<td>33,365.</td>
<td>0.</td>
<td>General &amp; youth services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Charities of Bloomington</td>
<td>35-0867980</td>
<td>23,520.</td>
<td>0.</td>
<td>General &amp; counseling &amp; education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Kitchen of Monroe Co</td>
<td>31-1101408</td>
<td>32,209.</td>
<td>0.</td>
<td>General &amp; food for low income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls Inc</td>
<td>54-0962378</td>
<td>32,800.</td>
<td>0.</td>
<td>General &amp; youth services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | 25 |

3. Enter total number of other organizations listed in the line 1 table. | 0 |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

United Way only provides Community Action Fund allocation grants to human service agencies that have successfully been certified by our board as meeting standards of efficiency, effectiveness, and governance. The amounts of these grants are based on a separate application in which the agency describes past results and anticipated outcomes. Formal re-certification and re-allocation processes are conducted triennially (and alternate so agencies participate in one process every 18 months), and agencies submit financial, administrative, and programmatic documentation annually. We also evaluate the outcomes of any other projects (for example, those funded through grants we've received) via periodic reports, participation in project meetings, and as appropriate, on-site visits.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoosier Hills Food Bank PO Box 697</td>
<td>31-1051402</td>
<td></td>
<td>37,897.</td>
<td></td>
<td>Food for disadvantaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington, IN 47402</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Legal service for poor</td>
<td></td>
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</tr>
<tr>
<td>Indiana Legal Services</td>
<td>35-6059654</td>
<td></td>
<td>17,069.</td>
<td></td>
<td>School education</td>
<td></td>
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<tr>
<td>151 N Delaware St Suite</td>
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<td></td>
<td></td>
<td></td>
<td>Legal service for poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46204</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>McCarthy Legal Services</td>
<td></td>
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<tr>
<td>MCCSC School Assistance 315 North Dr</td>
<td>23-7159426</td>
<td></td>
<td>7,965.</td>
<td></td>
<td>School education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington, IN 47401</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shelter abused women</td>
<td></td>
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</tr>
<tr>
<td>Middle Way House</td>
<td>23-7300355</td>
<td></td>
<td>43,360.</td>
<td></td>
<td>Therapy with animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>404 W Kirkwood Ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child care &amp; emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington, IN 47404</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Monroe County United Ml  827 W 14th Court</td>
<td>35-1313090</td>
<td></td>
<td>20,556.</td>
<td></td>
<td>Reproductive ed &amp; care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington, IN 47404</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>People &amp; Animal Learning PO Box 1033</td>
<td>35-2107038</td>
<td></td>
<td>14,672.</td>
<td></td>
<td>Gen support - school education</td>
<td></td>
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<tr>
<td>Bloomington, IN 47402</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Planned Parenthood of I 200 S Meridian St #400</td>
<td>35-0874276</td>
<td></td>
<td>39,447.</td>
<td></td>
<td>General &amp; youth services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46206</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>RBDS School Assistance 600 S Edgewood Dr</td>
<td>35-1088650</td>
<td></td>
<td>7,226.</td>
<td></td>
<td>Indigent food &amp; shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ellettsville, IN 47429</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harmony School (Rhino's) 909 E 2nd St</td>
<td>35-1554219</td>
<td></td>
<td>6,785.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomington, IN 47401</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>36-2617910</td>
<td></td>
<td>24,056.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Continuation Sheet for Schedule I (Form 990)

> Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

### Part II  Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shalom Community Center, PO Box 451, Bloomington, IN 47402</td>
<td>74-3056968</td>
<td></td>
<td>22,871.</td>
<td></td>
<td></td>
<td></td>
<td>Indigent food &amp; shelter</td>
</tr>
<tr>
<td>Stone Belt Arc., 2815 E 10th St, Bloomington, IN 47408</td>
<td>35-1059827</td>
<td></td>
<td>46,939.</td>
<td></td>
<td></td>
<td></td>
<td>Developmental disability</td>
</tr>
<tr>
<td>Volunteers in Medicine, PO Box 2568, Bloomington, IN 47402</td>
<td>20-4383915</td>
<td></td>
<td>41,027.</td>
<td></td>
<td></td>
<td></td>
<td>Underserved medical care</td>
</tr>
<tr>
<td>Hoosier Trails Council, 5625 E ST RD 46, Bloomington, IN 47401</td>
<td>35-1290776</td>
<td></td>
<td>7,034.</td>
<td></td>
<td></td>
<td></td>
<td>Youth services</td>
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<tr>
<td>Mother Hubbards Cupboard, 1010 S. Walnut, Suite G, Bloomington, IN 47401</td>
<td>35-2082414</td>
<td></td>
<td>24,214.</td>
<td></td>
<td></td>
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<td>Food distribution</td>
</tr>
<tr>
<td>LIFEdesigns, 200 E Winslow Rd, Bloomington, IN 47401</td>
<td>35-1550876</td>
<td></td>
<td>13,425.</td>
<td></td>
<td></td>
<td></td>
<td>Support the disabled</td>
</tr>
<tr>
<td>New Hope Family Shelter, PO Box 159, Bloomington, IN 47402</td>
<td>27-5077191</td>
<td></td>
<td>9,533.</td>
<td></td>
<td></td>
<td></td>
<td>Winter Shelter</td>
</tr>
</tbody>
</table>
Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by a committee of the board and available to the entire board. Detailed review by Executive Director with President and Treasurer.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All Board members must complete a conflict of interest form each year and submit it to the organization. The conflict of interest form would disclose any conflicts that may be present which then could be explored to determine the extent of the conflict. So far, there have been no conflicts to report except for board member also serving as uncompensated board member of an agency receiving allocation. Member abstains from any vote relating to that agency.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Every year a systematic review of salaries for all employees is conducted. Comparisons are made to local, regional and national norms.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

We make our Articles of Incorporation, IRS Letter, Code of Ethics, and Form 990 available to the public in our offices. On our Web site, we place our Code of Ethics, Non-Discrimination Policy, Independent Auditor's report, and Form 990, our Program Service Accomplishments, and the United Way Worldwide membership standards.

Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances

Designations paid .......................................................... $ 285,746.
Designations received ..................................................... -275,568.
Total ......................................................... $ 10,178.
United Way of Monroe County works with member agencies and a network of other community partners to provide comprehensive and collaborative solutions that help local residents improve their lives. We have served Monroe County since 1936, and became a United Fund/Way in 1956. We are a fully-certified member of Indiana United Ways and United Way Worldwide.

By focusing on the building blocks of a better life – Education, Earnings & Essentials — we create and support solutions to the most pressing issues in our community. Donations and grants are used to ensure people learn more, earn more, and lead safer and healthier lives.

Specifically, we work to meet these priorities:

<table>
<thead>
<tr>
<th>Education</th>
<th>Our Priorities</th>
<th>Essentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping children, youth, and adults achieve their potential by:</td>
<td>Helping hard working families get ahead by:</td>
<td>Helping individuals and families meet basic needs with access to:</td>
</tr>
<tr>
<td>• Entering kindergarten ready to succeed</td>
<td>• Gaining and maintaining stable employment</td>
<td>• Sufficient food</td>
</tr>
<tr>
<td>• Graduating school with a purposeful plan</td>
<td>• Increasing and retaining income</td>
<td>• A stable place to live</td>
</tr>
<tr>
<td>• Building job and life skills</td>
<td>• Building savings and assets</td>
<td>• Health care and wellness</td>
</tr>
</tbody>
</table>

| Our Strategies                                                             |                                                                              |                                                                              |
| • Support high-quality child care, after-school programs, healthy habits, and mentoring. | • Increase the number of Earned Income Tax Credit filings.                    | • Invest in programs to ensure everyone has the essentials.                |
| • Promote the development of children birth-to-five.                       | • Increase financial opportunity, literacy, and capability.                  | • Support programs that increase health and wellness.                      |
| • Support efforts that help youth graduate high school with a viable plan for the future. | • Provide job-related supports that help hard-working families make ends meet. | • Ensure our community is ready to help people recover from natural disasters. |

In 2017, United Way invested $984,216 in support of 25 certified member agencies, other exempt organizations, and United Way initiatives. Below are a few highlights of our efforts:

**We Partner in Initiatives that Achieve Results**

**EDUCATION:**
- Monroe Smart Start continues to increase kindergarten readiness, support our youngest learners, and empower parents and other caregivers. United Way partners with the Community Foundation of Bloomington and Monroe County to support this collaboration.
- To promote early literacy and school readiness skills United Way partnered with IU Health Riley Physicians for the 'Let's Read' program to distribute information packets and 6,124 books to children at their 6-months through 5-years wellness visits.
- Working with local early childhood education and health care providers, we bring United Way’s Born Learning into childcare centers, nonprofit agencies, and pediatricians’ offices. Born Learning encourages parents, grandparents, and caregivers to turn everyday tasks into learning experiences.
- United Way’s Real Men Read initiative brought 17 male mentors into 17 kindergarten classrooms to read a book each month with the goal of encouraging all children, particularly boys, to see reading as something that men value. During 2017, we distributed 1,955 books to 391 kindergarten students.
EDUCATION (continued):
- We brought Kindergarten Countdown camp to at-risk preschool students, increasing kids' readiness to start school. This year, 11 low income students received scholarships that made their attendance at camp possible. 15 families attended an Open House where we distributed information about how to help your child succeed in school and gave each child a book to keep. Camp attendees were also invited to a book fair near the end of camp where they were able to select 3 books of their choice and received a bag full of school supplies, to help ease the burden on families and ensure they start the year out ready to learn.
- United Way and the Chamber of Commerce convene the High School Plus coalition together with the local systems, Prosecutor's Office, and other community partners to ensure every student will graduate school 'plus' have a viable plan for the future. The Coalition developed an online Roadmap To Success (monroe.roadmaptosuccess.org) to help students plan their futures through a series of tailored questions that lead them to career and education resources. In 2017 the Roadmap had its highest year of usage since inception, with 1,050 people creating a map for future success. 47% of those were students.

EARNINGS:
- The Financial Stability Alliance (FSA) website (www.MonroeUnitedWay.org/FSA) continues to bring financial resources and education to people in a four-county area.
- The Free Community Tax Service program brought together 135 volunteers to help local residents file 2,382 federal returns at 6 full-service VITA sites managed by United Way, plus 2 sites managed by AARP/TCE, a mobile unit that was hosted by 8 organizations throughout the community, and a facilitated self-service site at Work One. Residents could also file using MyFreeTaxes.com. Clients report using those saved funds (as much as $705,000 in tax preparation fees) and increased Earning Income Tax Credits to pay for food, clothing, bills, rent, and to put toward savings. With the IRS and other partners, the FCTS helped low-income people in Monroe and Owen counties. 263 filers received EIT credits.
- With a grant from the FINRA Education Foundation, United Way developed and implemented the Dollars & Sense financial knowledge/capacity program for teens in partnership with many local youth serving community organizations. In 2017 we served 22 individual youth, hosted 15 financial literacy workshops at 3 different locations throughout the community.

ESSENTIALS:
- United Way plays a key role in the Community Organizations Active in Disaster for Monroe County, which helps our community be prepared for and recover from natural disasters.
- We chair the Emergency Food and Shelter Board, a group of government, faith, and nonprofit leaders, to allocate over $53,000 in federal funds that help low-income residents with food, rent, and utility costs.
- Our staff provides technical assistance for Stamp Out Hunger, the nation's largest single food drive, which collected 94,030 pounds in our area.
- United Way provides support for the statewide 2-1-1 service. In 2017, 2-1-1 specialists and online database searches responded to 3,752 inquiries from Monroe, Owen, and Greene counties and made 5,138 referrals. Most callers were seeking help with housing and utilities assistance, and food.
- In Monroe, Owen and Greene counties, 445 individuals saved $69,217 in prescription drug costs through the FamilyWize discount prescription drug card distributed by United Way of Monroe County at agencies, pharmacies and community outreach events.
- We work with management, union, and state and local officials to assist workers who have become displaced from their jobs.
- We serve on the Mayor's Safety, Civility, and Justice Task Force to develop sustainable and meaningful responses to local concerns involving homelessness and addictions. As a result, the City is now employing formerly-homeless people as downtown resource ambassadors, and investments were made by various sectors in order to expand the hours of a downtown day shelter.
STRENGTHENING NON-PROFITS:
- With the City of Bloomington and Community Foundation, we sponsor the Nonprofit Alliance of Monroe County, which offers trainings, networking, and outreach opportunities to help strengthen the operations of all nonprofit organizations and prepare future professionals.
- Leaders of the UW member agencies meet monthly to share updates, discuss experience, and develop partnerships to increase the efficiency and effectiveness of their work.
- Nonprofits use our member agency certification standards to self-assess their performance.
- In collaboration with the Monroe County Public Library, we sponsored free access to a national grant search service for local agencies. We also advise the Library's Nonprofit Central.

<table>
<thead>
<tr>
<th>Education</th>
<th>Earnings</th>
<th>Essentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Of the high school seniors enrolled in mentoring programs at United Way</td>
<td>• 138 clients in the Stone Belt and LifeDesigns supported-</td>
<td>• 187,714 bags of groceries and 1,773,681 meals were provided to community</td>
</tr>
<tr>
<td>member agencies, 94% graduated and 91% have plans to attend college or</td>
<td>employment programs gained new job skills.</td>
<td>members at risk of hunger in Monroe, Owen, and Greene counties.</td>
</tr>
<tr>
<td>vocational school.</td>
<td>• 20 community members with disabilities transitioned into fully</td>
<td>• 1,157,236 pounds of fresh produce were distributed through food pantries.</td>
</tr>
<tr>
<td>• At Girls Inc., 60% of girls reported an increase in their</td>
<td>independently employed because they no longer needed workforce support.</td>
<td>• 921 households were assisted with rent, mortgage, and utilities making it possible for them to stay in their homes.</td>
</tr>
<tr>
<td>leadership skills and 75% of girls in science programs improved their</td>
<td>• 88% of residents in transitional housing programs increased or</td>
<td>• 145 families had a stable place to live because of help from Indiana Legal Services.</td>
</tr>
<tr>
<td>science knowledge.</td>
<td>maintained their income.</td>
<td>• 5,105 community members received preventive and emergency health care services at no or low cost.</td>
</tr>
<tr>
<td>• 838 school children received supports like clothing, shoes, school</td>
<td>• 78% of parents with children enrolled at Monroe County United</td>
<td>• Volunteers in Medicine provided 7,456 medications valued at $993,784 at no cost to community members who are under-insurance or have no health insurance.</td>
</tr>
<tr>
<td>supplies, medical services, and special transportation assistance</td>
<td>Ministries reported improved employment or education opportunities and</td>
<td>• 81% of victims of domestic violence, recovering addicts, and families residing in transitional shelter were able to move successfully into stable, affordable, safe, permanent housing.</td>
</tr>
<tr>
<td>through the MCCSC and RBBSC Assistance Funds so they could fully</td>
<td>84% of parents reported an improved financial situation because of</td>
<td>• 80% of Amethyst House clients improved their physical health and mental health while recovering from addictions.</td>
</tr>
<tr>
<td>participate in classes.</td>
<td>MCUM's sliding-fee childcare.</td>
<td>• 593 elderly neighbors were able to stay safely in their</td>
</tr>
<tr>
<td>• 74% of the children enrolled in the Monroe County United Ministries</td>
<td>• 393 people including seniors, youth, recovering addicts, victims of</td>
<td></td>
</tr>
<tr>
<td>[MCUM] preschool developed the basic math and literacy skills needed to</td>
<td>domestic violence, and people with disabilities learned or were</td>
<td></td>
</tr>
<tr>
<td>start kindergarten successfully.</td>
<td>provided assistance with budgeting and money management.</td>
<td></td>
</tr>
<tr>
<td>• Of parents with a child at MCUM, 88% participated in parenting</td>
<td>• Nearly 24,000 rides on Rural Transit and bus passes and were</td>
<td></td>
</tr>
<tr>
<td>workshops.</td>
<td>provided so people without transportation could get to and from work.</td>
<td></td>
</tr>
<tr>
<td>• Children participating in tutoring at Boys &amp; Girls Clubs increased</td>
<td>• 436 Indiana Legal Services clients receiving legal assistance either</td>
<td></td>
</tr>
<tr>
<td>their reading scores by 132% and their math scores by 64%.</td>
<td>increased or maintained their assets.</td>
<td></td>
</tr>
<tr>
<td>• 90% of children tutored through the Area 10 Agency on Aging RSVP</td>
<td>• 200 people participated in</td>
<td></td>
</tr>
<tr>
<td>America Reads program showed marked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement in reading.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of at-risk children who participated in intensive mental health services through Catholic Charities experienced an increase in reading skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99% of parents reported an increase in adaptive skills such as sharing with others, recovering after a setback, communicating effectively with others, and adjusting well to changes in routine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>531 youth benefitted from over 27,000 hours of tutoring at United Way member agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,435 youth participated in mentoring relationships or high-quality after-school programs designed to help them succeed. 612 of these youth received job-skills training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>254 infants and children were cared for in high-quality early-learning programs and 91% of these children reached developmental milestones.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Big Brothers Big Sisters, 75% of youth improved or maintained their good attendance at school and 61% increased or maintained their good grades.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial education events hosted by Indiana Legal Services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>242 people experiencing or at risk of homelessness received assistance at Shalom Community Center to obtain a birth certificate or ID, which will help them in securing housing, employment, health care, and other necessary resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88% of clients obtained or maintained employment while recovering from addictions at Amethyst House. 88% reported maintaining or increasing income and 100% learned new budgeting skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87% of people in programs designed to help them recover from crisis and get back on their feet made measurable progress towards self-sufficiency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>228 clients at Area 10 Agency on Aging received Medicare counseling to ensure they can receive, and afford, proper medical care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes because Area 10 Agency on Aging provided affordable housing and home-based nutrition, visitation, and repair services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>551 community members, including 108 children, in crisis were provided with safe and supportive emergency shelter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99% of clients who participate in Mother Hubbard's Cupboard nutrition, gardening, or cooking programs report healthier eating habits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers in Medicine provided 1,154 dental visits and 53 restorative dental implants like dentures to low-income community members without dental insurance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>477 people with disabilities, veterans, and at-risk community members have safe and stable long-term supportive housing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,107 at-risk community members, 68% of them children, participated in mental health services at no or low-cost.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,226 youth and adults participated in training to recognize the signs of and prevent dating, sexual, and domestic violence.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 8868

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United Way of Monroe County, Inc.</td>
<td>35-0985959</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of United Way of Monroe County

- Telephone No. 812-334-8370

- Fax No. *

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension is for.

1 I request an automatic 6-month extension of time until 11/15/2018 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- [ ] calendar year 2017 or
- [ ] tax year beginning , 20 and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason:

- [ ] Initial return
- [ ] Final return

- Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
NP-20

State Form 51982
(RB 8-17)

Indian Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 / 2017 and Ending 12 / 31 / 2017

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization: United Way of Monroe County, Inc
Address: 331 S College Ave
City: Bloomington
County: Monroe
State: IN
Zip Code: 47401

Telephone Number: 812-334-8370
Federal Identification Number: 35-0965959

Printed Name of Person to Contact: Efrat Feferman
Contact's Telephone Number: 812-334-8370

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than $1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form 11-20NP.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 61
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

Raising funds for distribution to community social service agencies, providing guidance and assistance to such agencies and conducting other social service services such as grant supported tax assistance to individuals.

Email Address: efrat@monroewedunitedway.org

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee: ____________________________
Title: 812-334-8370
Date: ________________
Daytime Telephone Number: ________________

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File
The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TIN), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.